

COUNSELOR'S EVALUATION

Student Information

☐ Mr. _____
☐ Ms. _____ (first) _____ (middle) _____ (last) _____ (preferred name)

Home Address _____ Apt. _____ Zip _____

City _____ State _____ County _____

To Be Completed by High School Guidance Counselor

1. Transcript:

Please send an official updated transcript with the applicant's grades along with this report to Thomas More College.

2. **GPA:** This applicant has a cumulative grade point average of _____ on a 4.0 scale through the date of _____.

3. **Rank:** This applicant most recently ranks _____ in a graduating class of _____ students. This rank covers the period from _____ through _____. Our school does not rank _____.

4. Test score(s):

This applicant has the following test score(s):

☐ ACT Date _____

English _____ Math _____ Reading _____ Science Reasoning _____ Composite _____

☐ SAT Date _____ Verbal _____ Math _____ Combined _____

Please indicate the level of difficulty of this student's curriculum.

☐ General ☐ College Prep ☐ Honors College Prep

Comments: _____

Counselor's Signature _____ Date _____

Name _____ Title _____

Telephone _____ CEEB/ACT Code _____

Please return completed form to: Thomas More College

Admissions Office
333 Thomas More Parkway
Crestview Hills, KY 41017

(859) 344-3332 or (800) 825-4557
Fax: (859) 344-3444